

PERSONALITY (201) FILE REQUEST

TO 'RI/ANALYSIS SECTION		DATE 22 Aug 58	ACTION	
FROM C/OA			OPEN	CLOSE
		ROOM NO.	TELEPHONE	

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION 1: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number, and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION 1		SOURCE DOCUMENT	
<input checked="" type="checkbox"/> SENSITIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NON-SENSITIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME (Last)	NAME (First)	NAME (Middle)	NAME (Suffix)
GRUENWALDT	ROBERT	WILHELM	
NAME VARIANT			

TYPE NAME 2 (Last) (First) (Middle)

REQUESTOR'S
DESTROYED UPON
MACHINE LISTING

PHOTO	1	BIRTH DATE	25	COUNTRY OF BIRTH	26	CITY OR TOWN OF BIRTH	27	OTHER IDENTIFICATION	28
		75	02	09	LATVIA	RIGA			
OCCUPATION/POSITION								OCC/PDS CODE	

SECTION 1	
CRYPTONYM	PSEUDONYM

SECTION III				
COUNTRY OF RESIDENCE	10	DESK	11	12
		GP/3		

COMMENTS:	
60850	
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
PERMANENT CHARGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRICTED FILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE: 	